

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE ROBT BROSIUS MD**

Mailing Address 3120 GLACIER DR.

City  
BILLINGS

State Zip Code  
MT 59102-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : SA11.33950**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MS. EILEEN M. BROWN**

Mailing Address 1901 LAVON CREEK LN

City  
ARLINGTON

State Zip Code  
TX 76006-6617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : SA11.33571**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MRS. NORMA M. BROWN**

Mailing Address 316 LAKE EDEN WAY

City  
DELRAY BEACH

State Zip Code  
FL 33444-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : SA11.33572**

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00